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13 of San Francisco

14 UNITED STATES BANKRUPTCY COURT

15 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

16 In re

Case No. 23-30564

17 THE ROMAN CATHOLIC ARCHBISHOP
OF SAN FRANCISCO,

Chapter 11

18 Debtor and
19 Debtor in Possession.

**NOTICE OF DEADLINE FOR FILING
CLAIMS RELATING TO OR ARISING
FROM ABUSE**

21 **TO ALL PERSONS AND ENTITIES WITH CLAIMS ARISING FROM ABUSE FOR**
22 **WHICH THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO MAY BE**
23 **LIABLE:**

24 **FEBRUARY 20, 2024 IS THE LAST DATE TO FILE PROOFS OF CLAIM FOR**
ABUSE.

25 On August 21, 2023 (the “Petition Date”) The Roman Catholic Archbishop of San Francisco
26 aka the Archdiocese of San Francisco, debtor and debtor in possession (“Debtor” or “Archdiocese”) in the above-captioned case (the “Bankruptcy Case”) filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code in the United States Bankruptcy Court for the Northern District of California (the “Court”). The Debtor, its address, case number, proof of claim forms and other relevant information related to this Bankruptcy Case may be obtained at:
28 <https://omniagentsolutions.com/RCASF>. Any person who believes that he or she has, or may have,

1 a claim arising from abuse (described below) for which the person believes the Debtor may be liable
2 (each a “Survivor Claim” and collectively, the “Survivor Claims”) should carefully read this notice.

3 For the purposes of proofs of claim filed against the Archdiocese by Survivor Claimant, a
4 “Survivor Claim” is defined as: any Claim (as defined in section 101(5) of the Bankruptcy Code)
5 against the Archdiocese resulting or arising or related to in whole or in part, directly or indirectly
6 from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation,
7 indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical,
8 psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and
9 an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual
10 psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual
11 offense, or any other sexual misconduct, and seeking monetary damages or any other relief based
12 upon the conduct described above, under any theory of liability, including, but not limited to,
vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional
tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The
Charter for the Protection of Children and Young People, Canon Law or other Catholic Church
documents or principles, contribution, indemnity, or any other theory based on any acts or failures
to act by the Archdiocese or any other person or entity for whose acts or failures to act the
Archdiocese is or was allegedly responsible, including but not limited to, claims against clergy,
deacons, seminarians, employees, teachers, or volunteers. A Survivor Claim includes all claims for
Childhood Sexual Assault, as that term is defined by California Code of Civil Procedure Section
340.1 (d).

13 A “Survivor Claimant” is defined as the person asserting a Survivor Claim against the
14 Archdiocese, or, if a minor or legally incapacitated adult, then his/her parent or legal guardian or
custodian.

15 Finally, for the purposes of this Proof of Claim, “Abuse” means conduct giving rise to a
Survivor Claim.

16 **FILING DEADLINE**

17 The United States Bankruptcy Court for the Northern District of California entered an order
18 (the “Bar Date Order”) establishing February 20, 2024, as the last date (the “Survivor Bar Date”)
19 for each Survivor Claimant to file a mandatory three-page “Official Form 410” (the “Survivor Claim
Form”). The Survivor Bar Date and the procedures set forth below for filing proofs of claim apply
to all Survivor Claims against the Debtor.

20 **WHO MUST FILE**

21 If you believe that you have a Survivor Claim, you must file a Survivor Claim Form to
22 maintain and/or preserve any claims that you have against the Debtor. Even if you have already
23 filed a lawsuit against the Debtor alleging abuse you must still file a Survivor Claim Form to
maintain and/or preserve your rights in the Debtor’s chapter 11 case.

24 **WHAT TO FILE**

25 **FILE A SURVIVOR CLAIM FORM AND OPTIONAL SUPPLEMENT, COPIES OF**
26 **WHICH ARE ENCLOSED. YOU MAY ALSO OBTAIN A COPY OF THE SURVIVOR**
27 **CLAIM FORM AND OPTIONAL SUPPLEMENT BY FOLLOWING THE**
INSTRUCTIONS BELOW. ALL SURVIVOR CLAIM FORMS AND OPTIONAL
SUPPLEMENTS FILED BY A SURVIVOR CLAIMANT WILL BE KEPT STRICTLY
CONFIDENTIAL AS DESCRIBED BELOW.

PROCEDURES FOR FILING A SURVIVOR CLAIM FORM

To file a Survivor Claim Form:

- Fill out the confidential Survivor Claim Form, and if you so choose, the optional Supplement. A copy of each is provided with this Survivor Claims Bar Date Notice, and can also be obtained here: <https://omniagentsolutions.com/RCASF-SurvivorClaims>
- Survivor Claimants are strongly encouraged to complete and submit the optional Supplement to the Survivor Claim Form. Completing this Supplement in full will allow the Debtor to understand the facts supporting your Survivor Claim against the Debtor. This information will be used by the Debtor, the Committee, and other parties in interest bound by strict confidentiality agreements in, among other things, their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in the Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery).
- For additional copies of the confidential Survivor Claim Form or Supplement: (a) photocopy the confidential Survivor Claim Form or Supplement; or (b) contact the Debtor's claims agent Omni Agent Solutions, Inc. via email at RCASFInquiries@omniagnt.com or by phone at 888-480-6507 (U.S. and Canada toll free) or 747-293-0084 (International), between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Pacific Time), Monday through Friday, or (c) visit the website at: <https://omniagentsolutions.com/RCASF-SurvivorClaims>.
- **Please note that the Debtor's staff is not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions concerning the completion or filing of a proof of claim.**
- Return the original completed Survivor Claim Form and Supplement (if submitting) **so as to be received** by **February 20, 2024**, as follows:

If Survivor Claim Form is sent by mail, hand delivery, or overnight courier:

The Roman Catholic Archbishop of San Francisco
c/o Omni Agent Solutions
5955 De Soto Ave., Suite 100
Woodland Hills, CA 91367

Or electronically at: <https://omniagentsolutions.com/RCASF-SurvivorClaims>

- **Do not file** the Survivor Claim Form or the optional Supplement with the Bankruptcy Court.
- Survivor Claim Forms will be deemed timely filed only if they are received by Omni Agent Solutions, Inc. by **February 20, 2024**.
- Please note that a Survivor Claim Form or Supplement submitted by facsimile, telecopy or electronic mail transmission will not be accepted and will not be deemed filed.

1 **CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM**

2 The deadline for filing a Survivor Claim Form is February 20, 2024. Any person who
3 has a Survivor Claim and does not file a Survivor Claim Form by that date may not be treated
4 as a creditor for voting or distribution purposes under any plan of reorganization and such
5 claim will be subject to discharge. Failure to file a Survivor Claim Form may prevent such
6 person from voting on any plan of reorganization in this case. Further, if such Survivor Claim
7 is discharged, the Survivor Claimant may be forever barred and prevented from asserting his
8 or her Survivor Claim against the Debtor or its property, and may not receive any payment
9 or distribution in connection with such Survivor Claim.

10 **CONFIDENTIALITY**

11 Pursuant to the Bar Date Order, filed Survivor Claim Form and the optional Supplement
12 thereto will remain confidential in this bankruptcy case. Therefore, the Survivor Claim Form and
13 optional Supplement thereto that you file will not be available to the general public, but will be kept
14 confidential, except that as specified by court order information will be provided to the Debtor, the
15 Debtor's attorneys, the United States Trustee's Office for the Northern District of California, the
16 Debtor's insurers, attorneys for the official committee of unsecured creditors and its members, any
17 unknown claims representative appointed under a plan of reorganization, any settlement trustee
18 appointed to administer payments to Survivor Claimants, and such other persons as the Court
19 determines should have the information in order to evaluate the Survivor Claim, all of whom will
20 agree to keep the information provided by you confidential.

21 Dated: November 29, 2023

22 FELDERSTEIN FITZGERALD WILLOUGHBY
23 PASCUZZI & RIOS LLP

24 By /s/ Paul J. Pascuzzi
25 PAUL J. PASCUZZI
26 JASON E. RIOS
27 THOMAS R. PHINNEY
28 Attorneys for The Roman Catholic Archbishop of
 San Francisco

29 Dated: November 29, 2023

30 SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

31 By /s/ Ori Katz
32 ORI KATZ
33 ALAN H. MARTIN
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35 San Francisco

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Email: okatz@sheppardmullin.com
amartin@sheppardmullin.com

Attorneys for The Roman Catholic Archbishop of San Francisco

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

In re:	Case No. 23-30564
THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO,	Chapter 11
Debtor and Debtor In Possession.	INSTRUCTIONS TO CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND OPTIONAL CONFIDENTIAL SURVIVOR SUPPLEMENT

IMPORTANT:

**PLEASE COMPLETE THIS FORM SO THAT IT IS RECEIVED NO LATER THAN
FEBRUARY 20, 2024 ("BAR DATE")**

PLEASE DO NOT FILE THIS DOCUMENT WITH, OR SUBMIT IT TO, THE BANKRUPTCY COURT

This Confidential Survivor Proof of Claim has two separate components: (1) a mandatory three-page "Official Form 410" attached hereto ("Proof of Claim"), and (2) an optional Confidential Survivor Supplement, also attached hereto ("Supplement"). When submitting your Proof of Claim in this case, you are also **strongly encouraged** also to complete the Supplement and include it as an attachment to your Proof of Claim. Submitting the completed Supplement at the outset will help streamline the process of identifying claims and all applicable insurance and

expedite distributions to creditors. Filling out the Supplement in full will allow for a better understanding of the facts supporting your sexual abuse claim against the Debtor. This information will be used in, among other things, efforts to consensually resolve the issues in this chapter 11 case. Additionally, providing the information requested in this Supplement may reduce the likelihood that the parties to the bankruptcy case will need to seek more information from you through a deposition, written interrogatories, or other methods of discovery.

Please carefully read the Notice and Instructions that are included with this Confidential Survivor Proof of Claim and respond to all applicable questions to the best of your ability. If you have an attorney, you should complete this form with the assistance of counsel. Send a signed original of the completed Survivor Proof of Claim as follows: If by **mail, hand delivery, or overnight courier**, to: The Roman Catholic Archbishop of San Francisco, c/o Omni Agent Solutions, 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367, or you may submit a claim **electronically** at:

<https://omniagentsolutions.com/RCASF-SurvivorClaims>.

The Confidential Survivor Proof of Claim form must be mailed, delivered or electronically submitted to Omni Agent Solutions Inc. (“Omni”) so that it is received no later than February 20, 2024. Please note that a Survivor Proof of Claim Form submitted by facsimile, telecopy or electronic mail transmission will not be accepted and will not be deemed filed.

FAILURE TO COMPLETE AND RETURN A PROOF OF CLAIM MAY RESULT IN YOUR INABILITY TO RECEIVE A DISTRIBUTION FROM THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO AKA THE ARCHDIOCESE OF SAN FRANCISCO, REFERRED TO HERE AS THE “ARCHDIOCESE” AND VOTE ON A PLAN OF REORGANIZATION.

YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, AND OUTSIDE THE PUBLIC RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND THE INFORMATION IN THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM WILL BE PROVIDED TO THE DEBTOR, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, CERTAIN INSURERS OF THE ARCHDIOCESE AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM, ONLY UNDER STRICT, COURT-APPROVED CONFIDENTIALITY GUIDELINES.

This Confidential Survivor Proof of Claim is for Survivor Claimants Only.

For the purposes of this Proof of Claim, a **Survivor Claim** is defined as any Claim (as defined in section 101(5) of the Bankruptcy Code) against the Archdiocese resulting or arising or related to in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary damages or any other relief based upon the conduct described above, under any theory of liability, including, but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The Charter for the Protection of Children and Young People, Canon Law or other Catholic Church documents or principles, contribution, indemnity, or any other theory based on any acts or failures to act by the Archdiocese or any other person or entity for whose acts or failures to act the Archdiocese is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers. A Survivor Claim includes all claims for Childhood Sexual Assault, as that term is defined by California Code of Civil Procedure Section 340.1 (d).

A **Survivor Claimant** is defined as the person asserting a Survivor Claim against the Archdiocese, or, if a minor or legally incapacitated adult, then his/her parent or legal guardian or custodian.

Finally, for the purposes of this Proof of Claim, **Abuse** means conduct giving rise to a Survivor Claim.

To be valid, the Confidential Survivor Proof of Claim must be signed by you or your attorney (if represented by one). If the Survivor Claimant is deceased or incapacitated, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant's representative, executor of the estate or the attorney for the estate. If the Survivor Claimant is a minor or legally incapacitated, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant's parent or legal guardian or legal custodian, or the Survivor Claimant's attorney.

If you need more space to answer any of the below questions, please attach additional sheets of paper and indicate to which question your answer applies.

Dated: November 29, 2023

FELDERSTEIN FITZGERALD WILLOUGHBY
PASCUZZI & RIOS LLP

By /s/ Paul J. Pascuzzi
PAUL J. PASCUZZI
JASON E. RIOS
THOMAS R. PHINNEY
Attorneys for The Roman Catholic Archbishop of San Francisco

Dated: November 29, 2023

SHEPPARD, MULLIN, RICHTER & HAMPTON llp

By /s/ Ori Katz
ORI KATZ
ALAN H. MARTIN
Attorneys for The Roman Catholic Archbishop of San Francisco

Fill in this information to identify the case:

Debtor 1 The Roman Catholic Archbishop of San Francisco
Debtor 2 _____
(Spouse, if filing) _____
United States Bankruptcy Court for the: Northern District of California
Case number 23-30564

**PLEASE DO NOT FILE THIS DOCUMENT WITH, OR SUBMIT IT TO, THE
BANKRUPTCY COURT****Official Form 410****Confidential Survivor Proof of Claim**

04/22

(For Use by Survivor Claimants to Assert Survivor Claims)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim**1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim) _____

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?☐ No☐ Yes. From whom? _____**3. Where should notices and payments to the creditor be sent?**Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)**Where should notices to the creditor be sent?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

Where should payments to the creditor be sent? (if different)

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):
_____**4. Does this claim amend one already filed?**☐ No☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?☐ No☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ _____. Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
- _____

9. Is all or part of the claim secured? ☐ No
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
- Basis for perfection:** _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ _____
- Annual Interest Rate** (when case was filed) ____%
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☐ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☐ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☐ Yes. *Check one:*

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

In re:

THE ROMAN CATHOLIC ARCHBISHOP OF
SAN FRANCISCO,

Debtor and
Debtor In Possession.

Case No. 23-30564

Chapter 11

**OPTIONAL CONFIDENTIAL SURVIVOR
SUPPLEMENT TO OFFICIAL FORM 410
FOR USE BY SURVIVOR CLAIMANTS TO
ASSERT A SURVIVOR CLAIM**

DO NOT FILE THIS DOCUMENT WITH THE COURT

This supplement to Official Form 410 (“Supplement”) is not required to be filed in order for holders of Survivor Claims¹ to be deemed properly submitted. However, the Debtor recommends that any person asserting a Survivor Claim voluntarily complete this form in full and submit it with the Confidential Survivor Proof of Claim (designated “Official Form 410”). Completing this Supplement in full will allow for a better understanding of the facts supporting your Survivor Claim against the Debtor. This information will be used by the Debtor, the Committee, and other parties in interest bound by strict confidentiality agreements in, among other things, their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in this Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery).

PART 1: CONFIDENTIALITY

The information you share will be kept strictly confidential. This form and the information in it may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the Archdiocese, certain insurers of the Archdiocese, the Official Committee of Unsecured Creditors, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize. Please be assured that these parties have agreed and are required to keep your information strictly confidential.

¹ Capitalized terms not defined in this Supplement shall have the same meanings given to them in the Instructions to Confidential Survivor Proof of Claim and Confidential Survivor Supplement provided with this Supplement.

PART 2: IDENTIFYING INFORMATION

A. Survivor Claimant

First Name

Middle Initial

Last Name

Suffix

Address (If party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, your current address).

City

State/Prov.

Zip Code (Postal Code)

Country (if other
than USA)

Telephone No(s):

Home: _____ Work: _____ Cell: _____

Email address: _____

Last 4 digits of Social Security Number: _____

If you are in jail or prison, your identification number: _____

May we leave voicemails for you regarding your claim?

☐ Yes ☐ No

May we send confidential information to your email:

☐ Yes ☐ No

Birth Date: _____
Month Day Year

Gender: _____

Any other name, or names, by which the Claimant has been known: _____

B. Survivor Claimant's Attorney (if any):

Law Firm Name

Attorney's First Name

Middle Initial

Last Name

Street Address

City

State/Prov.

Zip Code (Postal Code)

Country

(If other than U.S.A.)

Telephone

Fax Number

Email Address

PART 3: NATURE OF COMPLAINT

(Attach additional sheets if necessary)

Note: If you have previously filed a lawsuit against The Roman Catholic Archbishop of San Francisco, also known as Archdiocese of San Francisco ("Archdiocese") in state or federal court, you must attach the complaint. If you did not file a lawsuit, or if the complaint does not contain all of the information requested below, you may provide the information below.

- **Please fill out this Part 3 for each Archdiocese affiliated perpetrator.**
- a. Who committed the acts of abuse or other wrongful conduct? Please identify the person by complete name(s) or other description of each abuser to the best of your recollection. If you do not know the name(s) of each abuser, please identify them by title, position or other description (for example, approximate age, height, weight, hair color, clothing worn, identifying marks, etc.).

- b. How did you know the abuser? For example, was the abuser at your church, school or part of another group with which you were involved? Was the abuser a relative or family friend?

- c. If the abuser was affiliated with a church, parish, school, or Archdiocesan organization, please identify such church, parish, school or organization (please include City or neighborhood if possible).

- d. Where did the abuse or wrongful conduct take place? Please be specific and provide relevant information, including the names of locations and addresses, to the extent you recall.

- e. When did the abuse or wrongful conduct take place? Please be as specific as possible, providing exact or approximate date(s), age(s), grade level(s), year(s), months and/or season (spring, summer, fall, winter), to the extent you recall.

- f. How many times were you abused? If the abuse or wrongful conduct took place more than once, please state how many times it occurred, when the abuse began, how often it occurred, and when it ended, to the extent you remember.

- g. Please provide a detailed description of the nature of the abuse and what happened (for example, the circumstances and types of sexual abuse). Please use additional pages and attach them to this Proof of Claim, if necessary:

- h. Were there any witnesses to, or individuals aware of, the abuse? If so, please identify the witnesses and individuals, and their present location, if known.

- i. Have you told anyone about the abuse or wrongful conduct, even if not in its entirety? If so, who did you tell, when and what did you tell that person (this would include parents; relatives; friends; the Archdiocese; counselors; and law enforcement authorities)? You do not need to disclose any communications you had with your attorney.

- j. Do you know if anyone told the Archdiocese or a church, school, parish, or Archdiocesan organization about your abuse? If so, identify who told, who was told and when.

PART 4: IMPACT OF ABUSE

(Attach additional sheets if necessary)

Where more than one perpetrator is alleged, please answer the questions separately as to each perpetrator.

- a. Please describe in detail what injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

- b. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

PART 5: ADDITIONAL INFORMATION

- a. Prior Bankruptcy Claims: Have you, or has anyone on your behalf, filed any claims in any other bankruptcy case relating to the abuse or wrongful conduct described in this claim?

☐ Yes ☐ No (If “Yes,” attach a copy of any completed claim form.)

If “Yes,” which case(s): _____

- b. Prior Non-Bankruptcy Claims: Have you, or has anyone on your behalf, asserted or filed any claim or lawsuit seeking damages for the abuse or wrongful conduct described in this claim?

☐ Yes ☐ No (If “Yes,” attach a copy of any completed claim form, and, if a lawsuit was filed, a copy of the complaint if not already attached as directed in Part 3.)

Please also describe the resolution of such claim (including whether such claim was settled, released, dismissed, or otherwise adjudicated or resolved).

If you previously filed a lawsuit, did you file a certificate of merit as required by California Code of Civil Procedure § 340.1?

☐ Yes ☐ No

- c. Settlements: Regardless of whether a complaint was ever filed against any party because of any abuse or wrongful conduct as described in this claim, have you settled any claim relating to abuse described in this claim?

☐ Yes ☐ No (If “Yes,” please describe, including parties to the settlement and any payments received. Attach a copy of any settlement agreement.)

If “Yes,” which case(s): _____

- d. Payments: Regardless of whether you entered into any settlement, did you ever receive any payment from the Archdiocese or any other person or entity because of any abuse against you.

☐ Yes ☐ No (If “Yes,” please describe who paid you, when they paid you, and how much they paid you.)

- e. Bankruptcy: Have you ever filed bankruptcy? ☐ Yes ☐ No (If “Yes,” please provide the following information:

Name of Case: _____ Court: _____

Date filed: _____ Case No. _____

Chapter: 7 11 12 13 Name of Trustee: _____

Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Date: _____

Signature: _____

Print Name: _____

Title: _____

(Relationship of signer to party on behalf of whom claim is being made, such as parent, family member, guardian, custodian, attorney, executor of estate)

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to five years, or both. 18 U.S.C. §§ 152 and 3571.